



# REQUEST for STEAM SERVICE

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	Date	Activity				UIC			
Requestor Information	Requestor					Code			
	Telephone/DSN					Email address			
	Point of Contact					Telephone			
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Billing Information	<u>Billing Address:</u>		Command						
	Street				City			State	Zip
	<u>Paying Address:</u>		Command						
	Street				City			State	Zip
	<u>Service Address / Bldg #:</u>		Street						
	City	State					Zip		
Project Information	<u>Scope Of Utility Work:</u>								
	<u>Utility Provider/ Address:</u>		Provider						
	Street				City			State	Zip
	Funding Available:	Yes	No	Funding Source	Point of Contact				
	Telephone				Email address				



## REQUEST for STEAM SERVICE

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**Service Type:** Distribution & Condensate Return      Distribution & No Return

**Service Type:** Overhead      Underground

**Type of Meter:** Steam      Flow Meter      Other

**Location of Service Meter:**

**Estimated Annual Consumption:**      MBTU

**Delivery Pressure:** Minimum      PSI (gauge)      Maximum      PSI (gauge)

**Point of Delivery:**

- **SPECIAL REQUIREMENTS:** Yes      No      . If YES provide specific details in the remarks below.
- **PROVIDE CONNECTION POINT DRAWING/EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS**

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Load Information

TYPE of Equipment	Qty	Total Lbs/Hr	Total Lbs/Yr
Process Equipment			
Converters			
Re-Boilers			
Water Heater			
Unit Heaters			
Finned Tube Unit			
Duct Heating Coil			
Total			

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Remarks

- **PROVIDE CONNECTION POINT DRAWING/ EQUIPMENT SCHEDULE & SITE UTILITY DRAWINGS**
- **SUBMIT ELECTRONICALLY TO [NFECL\\_utilitiesacquisition@navy.mil](mailto:NFECL_utilitiesacquisition@navy.mil) .**